

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-375)

SERIAL NO
09/868289

FILING DATE

APPLICANT(S)

CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/				
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TOTAL IND.	2	2			
TOTAL DEP.	17	28			
TOTAL CLAIMS	19	30			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS